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Date: **July 5, 2005**

File Number: **5577-233**

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To: **Mail Stop AF  
Examiner: Viet Duy Vu  
Group Art Unit: 2154**

Company: **United States Patent and Trademark Office**

From: **Elizabeth A. Stanek**

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**RESPONSE UNDER 37 C.F.R. 1.116 - EXPEDITED  
PROCEDURE - EXAMINING GROUP 2154**

Attorney's Docket No. 5577-233

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Aiken, Jr. *et al.*

Confirmation No.: 9829

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Serial No.: 09/862,968

Group Art Unit: 2154

Filed: May 22, 2001

Examiner: Viet Duy Vu

JUL 05 2005

**For: METHODS, SYSTEMS AND COMPUTER PROGRAM PRODUCTS FOR  
PORT ASSIGNMENTS OF MULTIPLE APPLICATION INSTANCES USING  
THE SAME SOURCE IP ADDRESS**

Date: July 5, 2005

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐ Applicant claims small entity status. See 37 CFR §1.27.☐ No additional fee is required.☒ The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	47	47	= 0	x 25=	\$	x 50=	\$ .00
Indep	12	7	= 5	x100=	\$	x200=	\$1,000.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$	+360=	\$
				Total Add. Fee \$		OR Total	\$1,000.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Attorney's Docket No.: 5577-233  
Application No.: 09/862,968  
Filed: May 22, 2001  
Page 2

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- ☒ Please charge my Deposit Account No. 09-0461 in the amount of \$1,000.00 for additional Independent claims.
- ☐ A check in the amount \$ \_\_\_\_\_ to cover \_\_\_\_\_ is enclosed.
- ☒ The Commissioner is hereby authorized to charge the appropriate fees associated with this communication or credit any overpayment to Deposit Account No. 09-0461.

Respectfully submitted,

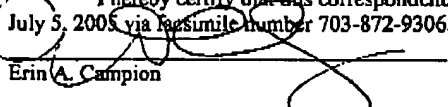


Elizabeth A. Stanek  
Registration No. 48,568

**USPTO Customer No. 46589**  
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**CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 CFR § 1.8**

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Erin A. Campion

Mail Stop Amendment

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TJO/H

Date: 9/13/04

Doc. No. 5577-233

Serial No. 07/102-968

Inventor: Aiken et al

Sir: Kindly acknowledge receipt of the accompanying items listed below  
by placing your receiving stamp hereon and return mailing:

Application Transmittal and:

Specification pages

No. of Claims

Declaration &amp; POA

Assignment and Fee

Small Entity Statement

Formal Drawings/ sheets

Associate Power of Attorney

Exp. Mail 1st Class Mail

Other:

Check \$

IDS &amp; PTO-1449 &amp; 15 refs.

Amendment &amp; Amend. Transmittal

Preliminary Amendment

Issue Fee

Brief

Appeal

Submittal of Priority Doc.

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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IDS &amp; PTO-1449 &amp; 15 refs.

Amendment &amp; Amend. Transmittal

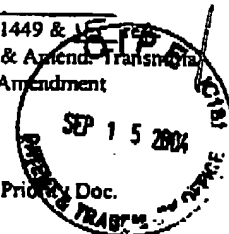
Preliminary Amendment

Issue Fee

Brief

Appeal

Submittal of Priority Doc.

Respectfully submitted,  
MYERS BIGEL SIBLEY & SAJOVEC, P.A.  
Attorneys for Applicant

**RESPONSE UNDER 37 C.F.R. 1.116 - EXPEDITED  
PROCEDURE - EXAMINING GROUP 2154**

Attorney's Docket No. 5577-233

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Brian A. Campion**AMENDMENT AND REQUEST FOR RECONSIDERATION**

Sir:

Applicants provide the present Amendment to address the issues raised in the Final Office Action mailed May 3, 2005.

If any extension of time for the accompanying response or submission is required, Applicants requests that this be considered a petition therefor. The Commissioner is hereby authorized to charge any additional fee, which may be required, or credit any refund, to our Deposit Account No. 09-0461.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 17 of this paper.

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